

Custom Personalized CD Order Form

Romane will record a personalized hypnosis CD for you, (with an extra copy), for \$250 (Canadian) plus tax. Shipping is included. If you need extra space to fill in your answers please attach a separate sheet.

Name _____ Date _____

Home address _____

City _____ Prov/State _____ Postal/Zip Code _____

Home phone _____ Work phone _____

E-mail _____

Marital status _____ Age _____ Sex _____ Number of children _____

Referred by _____

Education: Last grade completed _____

Medical History: Please list any diseases, allergies, surgeries or medications: _____

Habits: Please check all that apply: Alcohol ____ Tobacco ____ Caffeine Beverages ____ Special Diet ____

Other Habits _____

How good do you feel about yourself: Excellent _____ Good _____ Fair _____ Poor _____

What would make you feel better? _____

Any current stress or worries? _____

Your General Health is? Good _____ Poor _____

Are you in physical discomfort? Yes _____ No _____

If yes, please describe condition _____

Present Problem (in your own words) _____

Why is it important for this change to occur? _____

Do other members of your family have the same problem? _____

Duration of problem _____

Severity of problem _____

Times when problem is most evident _____

What have you done previously to try and solve the problem?

(A) Professional help _____

(B) Medications taken _____

(C) Other methods _____

Results of these efforts _____

Are you aware of any emotional problems or physical conditions that might account for your problem?

What would happen if you never achieved this goal? _____

Briefly describe a time in your life when you felt completely relaxed and happy:

Have you ever been hypnotised? Yes _____ No _____

If yes, how? _____

Do you have any of Romane's recordings? Yes _____ No _____

If yes, which ones _____

Why have you chosen hypnosis? _____

What do you know about hypnosis? _____

Is there anything that you have not yet told me, which you think I should really know? _____

Are there any specific thoughts you want Romane to give you during hypnosis while your mind is focused?

Feel free to add a page or two. _____

PLEASE NOTE:

1. M.V.P. Ltd., *Romane*™ does not offer any programs as a supplement to or replacement for any medical or psychological services rendered for any mental, emotional or physical disorder.
2. M.V.P Ltd., *Romane*™ cannot absolutely guarantee success. Results vary. Please use with physician's support.

Signature

Print Name

METHOD OF PAYMENT:

Check one: ___ MasterCard ___ Visa ___ Amex
 ___ Money Order

Card #: _____

Exp. Date _____

Make all checks payable to M.V.P. Ltd.
Personal checks are accepted, however, your order will be held until the check clears. (Orders are normally mailed within 4 – 8 weeks)

MAIL ORDERS TO:

M.V.P. LTD.,
Box 75177, RPO White Rock
Surrey, BC,
V4A 0B1

PHONE ORDERS:

In the Lower Mainland:
604-538-1111
OTHER AREAS:
1-800-665-4656
FAX: 604-538-8477.
To order on line please visit:
www.vanceromane.com